

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/534050** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	2			1			
5	2		1				
6	1			1			
7	1			1			
8	1			1			
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TOTAL IND.	1	↓	2	↓	↓		
TOTAL DEP.	14	←	10	←	←		
TOTAL CLAIMS	15		12				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←		←	←	←	
TOTAL CLAIMS							